


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 040 ***150.00

DOCUMENT # P97000078275					
1. Entity Name KILEY & SONS, INC.					
Principal Place of Business 219 SOUTH OLD DIXIE HIGHWAY LADY LAKE, FL 32159			Mailing Address P.O. BOX 782 LADY LAKE, FL 32158		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3470741	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KILEY, JOHN F III 219 SOUTH OLD DIXIE HIGHWAY LADY LAKE, FL 32159			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KILEY, JOHN F 35333 PONDEROSA DRIVE FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Kiley, John F. 35333 Ponderosa Dr. Fruitland Park, FL 34731	
Delete			Change	Addition	
Delete			Change	Addition	
Delete			Change	Addition	
Delete			Change	Addition	
Delete			Change	Addition	
Delete			Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			John F. Kiley, President		
Date			Daytime Phone #		